1. To	be completed	by NRCS	; check app	ropriate box			his transaction	n is for CCC	This transa	ction is for	NRCS	О	MB No. 0578-0018	
II S	DEPARTME	NT OF A	GRICHLTI	IRE				2. STATE			3 PROGRAM N	VAME		
0.5.					DAVM	DAITE			lahoma		Enter only the	numorical	value of the	
Enter the practice code number and component code number in column C., Practice and Identifiable Unit												ted in colu allow the	mn G., Extent . extent and	
8 81	PECIFIED	CONSE	DVATIO		CES DED	FORME	'n \			$\overline{}$				
0. 51		B.	XVAIIO	CRACII	CESTEN	D.		T		_/_			-	
Line	A. Agreement or Contract Item No.	Field	Practice and Identifiable Unit		Date Started		E. Date Completed	Correleted	G. Extent	/ A	Cost \$	I. J. Cost Amount Share Earned % \$	Amount Earned \$	
1	1a	1	(550)	(CNMFL)		3-2003	03-03-200	#12 200	150		\$10.00	75.00	\$1,125.00	
2	1b	1	(550) (GD1)		03-03-2003		03-03-200	3 AC	30	1		75 00	****	
3	2a	2	(410) (EM)		04-04-2003		05-05-200		4723		Continue as needed with additional			
4	2b	2 (410) (BR12)		04-04-2003		05-05-200	3 DIFT	1200		contract items in Block 9.				
5	2c	2	(410)	(TG)	04-0	4-2003	05-05-200	3 BACH	1		\$ \	75.00	\$105.00	
9. O	THER PRO	OGRAM	PAYMEN	NTS (APP	RAISAL,	SURVEY	, EASEME	NT PAYMENT	F, ETC.)					
1	3a	2	(342)	(GBGS)	05-0	5-2003	05-05-200	3 AC	1.2		\$90.00	75.00	\$81.00	
2	4	2	(590)	(FTCA)	05-0	5-2003	05-05-200	3 AC	1.2		\$40	40 -1	Lilian Charlet Carlot Command	
3	5a	3	(378)	(EM)	04-0	4-2003	05-05-200	3 CY	12,377		S1		ld reflect total from all	
4	5b	3	(378)	(BR12)	04-0	4-2003	05-05-200	3 DIFT	4800		\$1 attac	ned contir	uation sheets.	
5	5c	3	(378)	(TG)	04-0	4-2003	05-05-200	3 EACH	1		\$220.00	75.00	\$0.00	
										10.	TOTAL EAR	NED:	\$22,410.38	
11. D	DIVISION	OF PAY	MENT BE	TWEEN	PARTICI	PANTS								
PARTICIPAL								NT 1 PARTICIPANT 2						
A D	A. Did the State or Federal Government bear any						ARTICH A		No F					
								,	NO YES	How n	I. How much?			
part of this expense.										T				
					LINE (1)		HARE P.	YMENT SHARE (3)		LINE (1)	% SHARE (2)	PAYN	MENT SHARE (3)	
	word "All" s			,	(1)	1	.,	(3)		(1)	(2)		(3)	
line G., column (1) to signify that the									J.					
practices listed on all lines are referenced									K.					
E. State and Federal aid					\star				7	1				
E O	-1				1 \				L.		1	I		
[F. O	ther								M.					
	ther et payment	due partie	cipant		A11	100	0.00	\$22,410	M.					
G. N		_	-	ATIONS	All	100	0.00	\$22,410	M.					
G. N 12. I	et payment PARTICIPA (e) certify to	ANTS' C	ERTIFIC	ormation i	s true and	l correct	; and that t	he identifiable	M. 38 N. unit(s) for	which Fe	ederal cost sh	are is req	uested are	
G. N 12. I	et payment PARTICIPA (e) certify to	ANTS' C	ERTIFIC	ormation i	s true and	l correct	; and that t	he identifiable	M. 38 N. unit(s) for	which Fe	deral cost shi	are is req	uested are at if more than	
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